



TRANEXAMIC ACID ORAL PA SUMMARY

STATUS: Non-Preferred

NOTE: PA criteria for injectable tranexamic acid is listed in a separate document labeled "Tranexamic Acid Injectable".

LENGTH OF AUTHORIZATION: Initial: 3 months; Renewal: 1 year

PA CRITERIA:

- ❖ Approvable for members 18 years or older for heavy menstrual bleeding
AND
- ❖ Submit faxed documentation of trial and failure, contraindications, or intolerance of an NSAID, at least 2 estrogen-progestin contraceptives, and the Mirena IUD.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.